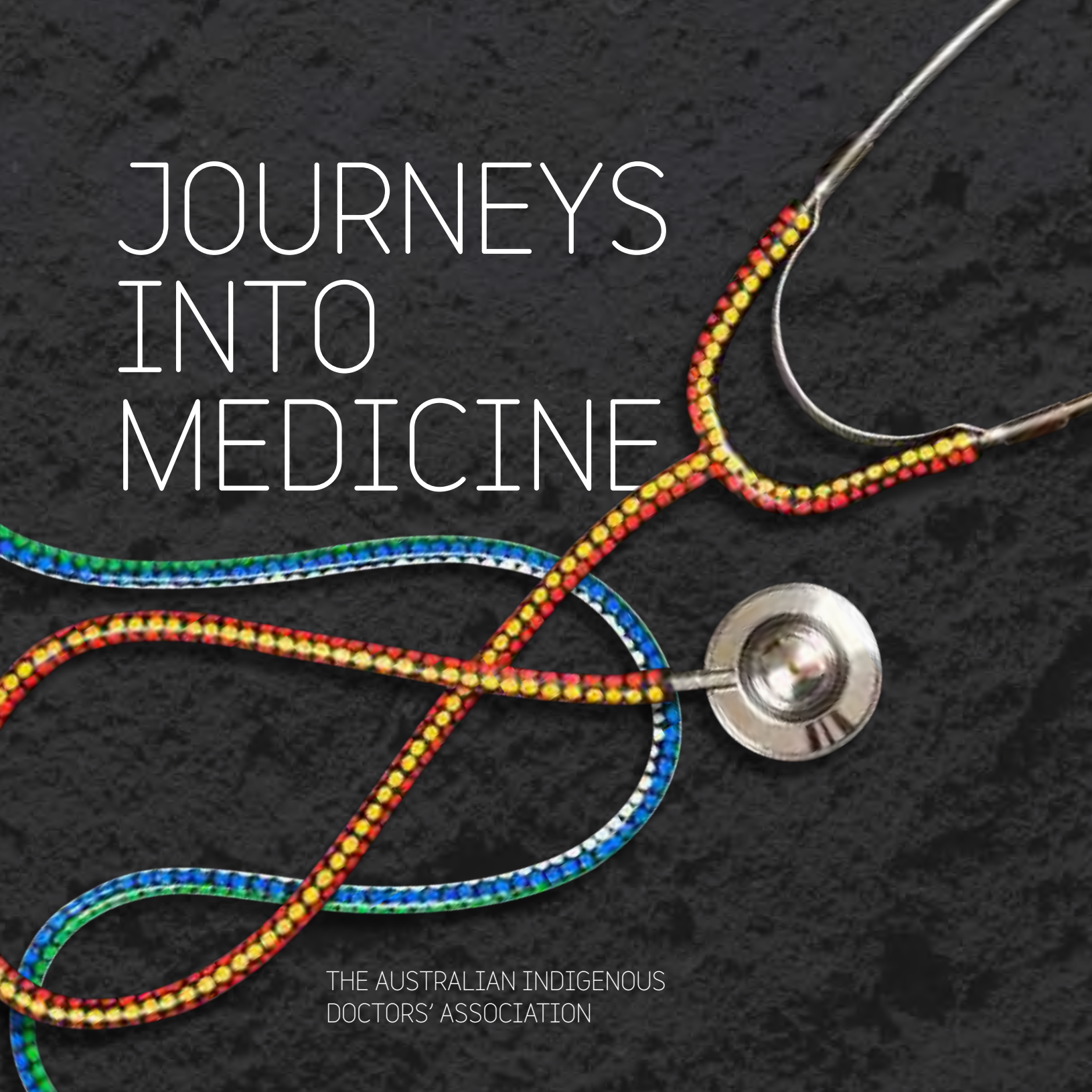


JOURNEYS INTO MEDICINE



THE AUSTRALIAN INDIGENOUS
DOCTORS' ASSOCIATION

JOURNEYS INTO MEDICINE



Australian Government
Department of Health and Ageing



The Australian Indigenous Doctors' Association Ltd
Yaga Bugaul Dangun

JOURNEYS INTO MEDICINE

THE AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

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AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

The Australian Indigenous Doctors' Association (AIDA) is a not-for-profit, non-government organisation dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce, with a vision that is today much broader than its initial focus of supporting Indigenous doctors and students.

The beginnings of AIDA can be traced back to the work of some of the first Indigenous doctors including Dr Louis Peachey, Dr Mark Wenitong and Dr Ngiare Brown (all graduates of University of Newcastle), and Associate Professor Noel Hayman (University of Queensland). Mr Alan Eldridge was also critically involved in the early development of AIDA.

Dr Mark Wenitong and Ms Gail Garvey (University of Newcastle) were instrumental in arranging a meeting at Salamander Bay in New South Wales in March 1997, to discuss the idea of forming an organisation that would provide collegiate support for Indigenous medical graduates and students.

They were looking for a way to support and maintain the relationships they had developed during their years of study and a mechanism for collegiate support as their careers developed.

"At the 1996 Newcastle Medical School graduation celebrations, the total number of Indigenous medical graduates from the University reached double figures. This struck me as an appropriate time to write a letter to this small body of graduates, urging the establishment of an alumni association to support our students who were still coming through. There was no inkling then that it had the potential to be a truly national organisation," recalls Dr Louis Peachey, AIDA's Founding President.

Professor Helen Milroy, a Child and Adolescent Psychiatrist in Western Australia, obtained her medical degree from the University of Western Australia in 1983 and is understood to be the first Aboriginal doctor in Australia.

"I remember being very excited at the prospect of meeting other

Indigenous graduates and students at the Salamander Bay gathering. It soon became very clear that collegiate support was essential in maintaining the balance between culture and medicine and in keeping our identity as Indigenous doctors strong and healthy. Having our own doctors association through the establishment of AIDA has been enormously important for me throughout my career", Professor Milroy said.

At the time of the Salamander Bay meeting there were less than 15 Indigenous doctors. By 2010 that figure is expected to reach approximately 150.

Indigenous doctors are finding their niche in diverse areas across the profession. There are those who are working in Aboriginal Community Controlled Health services, some working in medical education and those who are working to influence policy in government and non-government organisations. All share AIDA's vision of creating a healthier Aboriginal and Torres Strait Islander

population, more equitable health outcomes, a strong Indigenous health workforce and a culturally safe health system.

Past President and a founding member, Dr Mark Wenitong, did not expect AIDA would come this far. "We emerged at the right time and we had the right connections."

"Medical schools were looking for a point of reference and government was asking for advice at a time when Australia was trying to address the poor state of Indigenous health. It wasn't long before AIDA became an important part of the policy scene alongside other professional bodies," recalls Dr Wenitong.

AIDA attracted the support of influential Australians as evidenced by a number of eminent patrons that include Sir William Deane AC, KBE, QC, Professor Lowitja O'Donoghue AC CBE, Mr Jimmy Little OAM and former Australian Democrats senator, Mr Aden Ridgeway.

Former Governor-General, Sir William Deane said that he was privileged to be involved

with AIDA from its inception. “The need for an organisation which encouraged, supported and represented Indigenous doctors was overwhelmingly obvious”, he recalls. “National focus was, at long last, being directed towards the appalling state of Indigenous health and the disgraceful disparity between Indigenous and non-Indigenous life expectancy. And there was a growing awareness of how important it was that there be a strong and vibrant body of Indigenous doctors with the knowledge of Indigenous needs and cultures and the medical expertise to lead the way.”

“Since those early days I have followed the development and achievements of AIDA, and the success of its members with great admiration and increasing hope for the future,” said Sir William Deane.

Former nurse and inaugural chair of the Aboriginal and Torres Strait Islander Commission (ATSIC), Professor Lowitja O’Donoghue was happy to be involved in the early days of AIDA and remains a patron.

“I am proud to support an organisation that has good governance at its heart.”

“With an early career in health as one of the first Aboriginal nurses, I encourage Aboriginal health professionals to be true to themselves as Aboriginal people, and then as professionals I believe they will be able to do better.”

“Their relationships not only to Aboriginal people, but also to other Aboriginal health professionals who with them work to improve health equity will be crucial for change for our people,” Professor O’Donoghue said.

As an Australian Democrats Senator, Aden Ridgeway was instrumental in using his political connections to help position AIDA as an integral contributor on matters of Indigenous health.

“I saw AIDA as a crucial development on the landscape - particularly because it was an organisation that had emerged from the self-determination of Aboriginal people. I was happy to wave the flag.”

“IT IS THOSE WHO HAVE SUCCESSFULLY NAVIGATED THEIR WAY THROUGH MEDICAL SCHOOL AND THROUGH THE PROFESSION WHO HAVE A PIVOTAL ROLE IN SUPPORTING OTHERS ON THEIR JOURNEY.”

“AIDA was a collective of people who needed to be part of the discussion and debate, and so it was important from my perspective to raise awareness in Parliament about the contribution they could make to the business of health,” Mr Ridgeway recalls.

AIDA was registered as an incorporated body in 1998. It quickly developed into a strong and influential national organisation representing Indigenous doctors and medical students while strengthening its position as a leading Indigenous organisation with a central role in improving the health and wellbeing of Aboriginal and Torres Strait Islander people. Today it is well placed to influence Indigenous health, education and health workforce and is committed to working with a wide range of stakeholders to produce positive, practical, sustainable and tangible outcomes for Aboriginal and Torres Strait Islander peoples.

AIDA’s vision is to create a healthier Aboriginal and Torres Strait Islander population where:

- Aboriginal and Torres Strait Islander people have equitable health and life outcomes.
 - There is parity of Aboriginal and Torres Strait Islander health professionals across the entire health sector.
 - AIDA is seen as a medical professional body with a central role in the health and wellbeing of the nation.
 - The Australian health system is culturally safe, high quality, reflective of need, and respects and integrates Aboriginal and Torres Strait Islander cultural values.
- In 2007/2008 AIDA underwent a constitutional review and moved from an Association to a Company Limited by Guarantee. The new constitution better reflects AIDA’s current direction and will also guide the organisation towards a positive and strong future.
- For Dr Mark Wenitong, AIDA’s role will continue to evolve as any dynamic, responsive organisation should and he predicts it will become even more proactive.
- “Succession planning will be

“WITH OUR NUMBERS GROWING WITHIN THE PROFESSION OUR VOICES WILL UNDOUBTEDLY GROW LOUDER AND STRONGER AND THAT CAN ONLY MEAN A BETTER FUTURE FOR OUR CHILDREN.”

important and I can see opportunities for building and generating new knowledge and more scholarships to support student doctors, but these opportunities will be led by AIDA’s members,” Dr Wenitong said. Associate Professor Peter O’Mara, AIDA’s current President, knew that AIDA was a fantastic idea from the beginning and will continue to build on the good work that has already been done and be responsive to whatever the future holds.

“AIDA’s success comes directly from its people. Every aspect of the organisation is critical and our people are central to that,” said Associate Professor O’Mara.

As the number of Indigenous doctors increases each year, for Associate Professor Peter O’Mara the challenge for AIDA will be maintaining the feeling of being one big family – an organisation that is something much more personal than the provision of collegiate support.

Associate Professor Ngiare Brown – one of AIDA’s pioneering doctors, and foundation Chief Executive Officer, cites the critical role of mentors to ensure Aboriginal

and Torres Strait Islander people take up offers from medical schools, graduate as doctors and remain in the profession.

“It is those who have successfully navigated their way through medical school and through the profession who have a pivotal role in supporting others on their journey.”

“Indigenous medical students can have many additional expectations placed on them. We want our students to know that they have a wider family of doctors and health professionals who can provide a sounding board - so that they can concentrate on studying hard to get their qualification,” Associate Professor Brown said.

“Having Indigenous doctors represented across the entire medical profession would be a major achievement for AIDA. The benefits of building a specialised Indigenous medical workforce are enormous and would contribute significantly to the health and wellbeing of our people,” said AIDA Chief Executive Officer, Mr Romlie Mokak.

“With our numbers growing within the profession our voices

will undoubtedly grow louder and stronger and that can only mean a better future for our children.”

He also added that AIDA will advocate for stronger connections between education and health to prepare Indigenous students for opportunities in medicine.

In this publication, Indigenous doctors and medical students have generously shared their Journey into Medicine – their challenges and their triumphs. Their careers before medicine and the experiences within medical schools and within the medical profession are as different as the stories themselves.

Journeys is for high school students contemplating their future, university students studying within medical schools, anyone who has considered a career in medicine and those who work in partnership with Indigenous doctors within the health sector.

Journeys is for those with an interest in learning about the challenges and triumphs of Australia’s growing number of Indigenous medical students and doctors.

It is a book for everyone.



PROFESSOR HELEN MILROY

MBBS, FRANZCP, CATCAP
PSYCHIATRIST, WESTERN AUSTRALIA,
PRESIDENT, AIDA, 2004 - 2005

• PROFESSOR HELEN MILROY

“FROM AN ABORIGINAL PERSPECTIVE HEALING AND HEALTH ARE COMPATIBLE WITH CHILD PSYCHIATRY. IT IS ABOUT UNDERSTANDING THE PERSON AND NOT JUST THE PROBLEM, TAKING AN HOLISTIC APPROACH. IT IS VERY REWARDING TO SEE CHILDREN THAT HAVE HAD A DIFFICULT TIME DOING WELL. THERE IS NO GREATER REWARD THAN TO SEE A CHILD HAPPY.”

My family are Palyku from the Pilbara region in WA, around the Marble Bar. This is my grandmother's country.

It is thought that I was the first Indigenous doctor, but I would like people to understand that in recognition of our traditional healers, I am not. I am possibly the first in terms of a western perspective – such as graduating from a medical school; but we had our own healers previously and their work is still important today.

Our family already had traditional healers among us before I decided health was to be my career path, so medicine was just a contemporary expression of that. My grandmother had a lot of healing ways and her brother was also a traditional healer. It was something that I sort of grew up with.

My family was so proud. I remember when we would go shopping my grandmother would go up to strangers in a shopping centre and say “that's my grand-daughter; she's going to be a doctor”. It was actually quite embarrassing, but to see the smile and the pride on her face was lovely. We were very close.

When I went to medical school at the University of Western Australia it was, and still is, an undergraduate course. It was a six-year course where the first few years focused on health sciences and the rest on clinical practice.

Having gone straight from high school into university, I started university as a science student. After the first year I applied for entry into the medical school. I did a short exam and passed an interview and because my science subjects were accredited as part of the medical degree I went straight into second year medicine.

I was 18 when I started medicine and back then there was no support program for Aboriginal students and very few Aboriginal students at university. When I reflect on that time, I guess I tried to be invisible so I didn't get pointed out.

For the medical school and the health sector I think I was a bit of a novelty. I think sometimes they didn't quite know what to make of me, or what to do with me. As a doctor there are so many demands on you. It is easy to get caught up thinking we can be all things to all people, but to ensure you avoid burn out you have

to decide which battles you are going to take on.

After I graduated from medicine I did my mandatory intern year. I then did two years as a resident and I trained as a GP. I did five years in General Practice and it was during that time that I did some work as a consultant in childhood sexual abuse at Princess Margaret Hospital. It was partly through that work that I decided to specialise in psychiatry.

I entered specialist training in child psychiatry in 1991 and worked part-time because I had two young children. I sat my exams and qualified for Fellowship in 2000. My hard work was rewarded with the Mark Sheldon Medal that is awarded to a psychiatrist or other individual for meritorious service to or research in Aboriginal and Torres Strait Islander mental health and the Roley Richards Award for the most meritorious dissertation in trauma studies.

I am currently involved in clinical work with a mainstream mental health service for children 0-18 years, while the rest of my time is as Director of the Centre for Aboriginal Medical and Dental Health (CAMDH) – a teaching and support centre

for Aboriginal medical and dental students at the University of Western Australia. Though busy, I take time out for myself and for the things I like to do.

I think it's important to have a bit of humility in the way you approach work and to recognize that you are still just one of the mob. Our strength should come from knowing that we are part of a tradition of healing that has been practised for thousands of generations and that we continue in the healing path of our ancestors. One of the hardest things we have to do is balance our cultural learning western knowledge and to get the balance right.

I hope that as “trailblazing Indigenous doctors” we have made the path a little bit easier, so that future trainee doctors don't have to face the challenges and barriers that we had to. My daughter is currently studying medicine and I know her battles will be different to mine and I am excited about the prospect of two generations of doctors within our family.

I look forward to a time when we can say this is the 1000th Indigenous medical school graduate and it just becomes the norm.

ASSOCIATE PROFESSOR PETER O'MARA

B MED, FRACGP, FARGP, GRAD DIP RURAL TOBWABBA ABORIGINAL MEDICAL SERVICE, UNIVERSITY OF NEWCASTLE PRESIDENT, AIDA, 2009

• ASSOCIATE PROFESSOR PETER O'MARA

I was raised in the small township of Paxton, outside of Cessnock in the Hunter Valley region in New South Wales. I went to Cessnock High School. My people are Wiradjuri from central New South Wales.

Immediately upon finishing school I got an apprenticeship in the coal mines as a fitter machinist, which meant I worked underground as a mine mechanic. At that time I thought that was the best job I could hope to achieve. I was always interested in medicine, but believed the stereotypical view that it was doctors' children and rich people who went into medicine. It never entered my mind that I could do it.

After an accident, which resulted in a back injury, it was clear I could not keep working in the mines. I decided to become a clinical psychologist, because I enjoyed talking to people, and so I did a foundation course to get me into a Bachelor of Arts, majoring in biology and psychology.

However, it was a couple of years into that course that I saw a TV interview with one of Australia's first Indigenous doctors – Dr Louis

Peachey. Seeing and hearing Louis helped me to realise that medicine was possible. I got hold of all the information I needed, applied and was accepted into the University of Newcastle.

When things got hard, I would recall a conversation with my grandmother back when I was about eight years old where she convinced me that I could do anything I wanted in life. That talk was, and is, never far from my mind. I graduated in 1999.

I like to think the transition from fitter to doctor is not so strange. After all, you are still just fixing things – but people are so much more interesting, and complex.

I currently hold the position of Associate Professor, Indigenous Medical Education and Head of Discipline – Indigenous Health at the University of Newcastle. I love teaching.

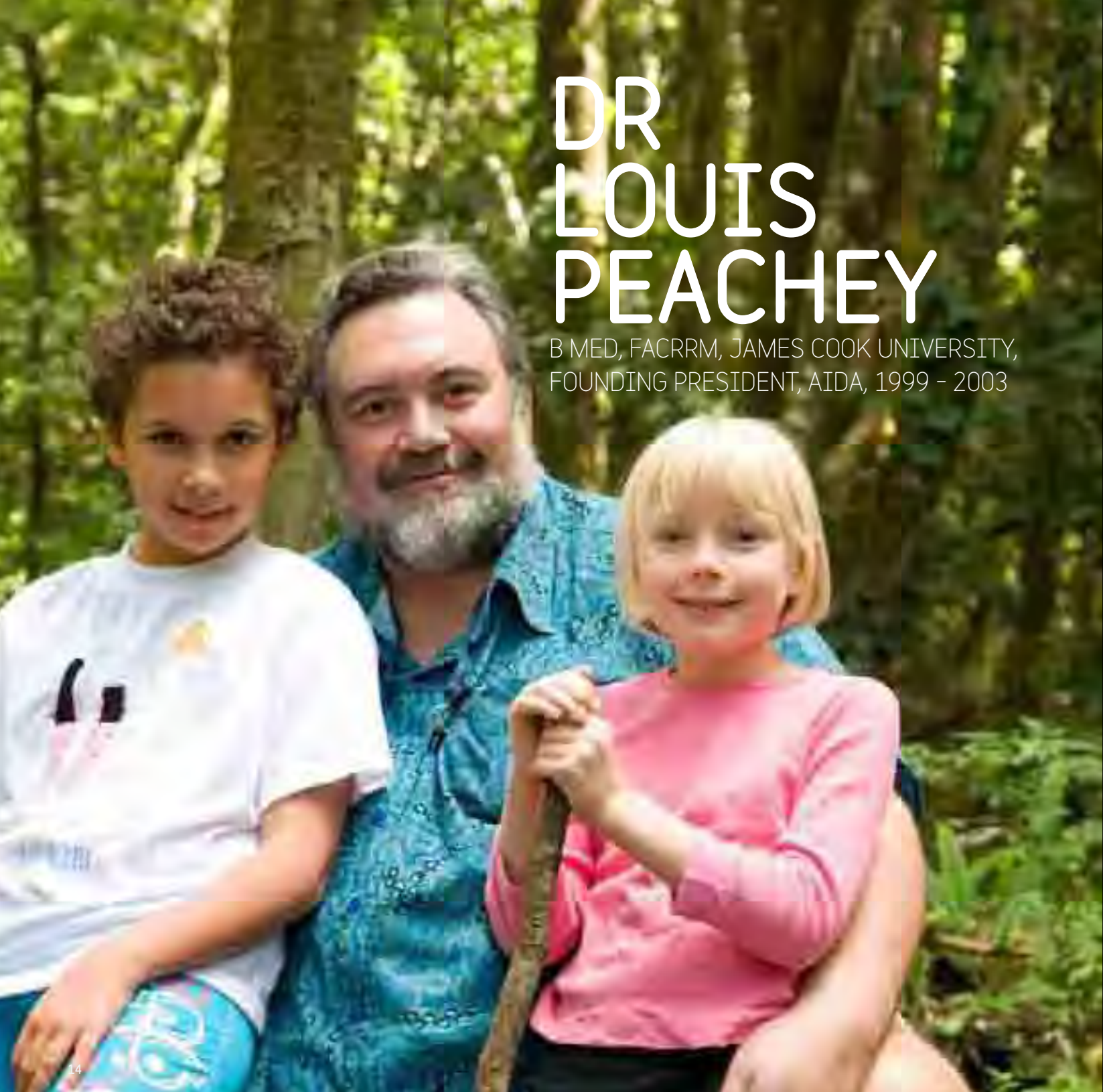
Teaching medical students is so very rewarding. It is important to support Indigenous students to become the very best doctors. It's vital that all medical students are trained to treat Indigenous patients competently. It is these things that will contribute to "closing the gap."

"MEDICINE HAS CHANGED MY LIFE. I LOVE THIS JOB. IT IS TRULY INCREDIBLE TO KNOW THAT I CAN MAKE A POSITIVE CONTRIBUTION TO INDIVIDUAL PEOPLE'S LIVES AND I KNOW THERE'S ALSO A FLOW-ON EFFECT TO PEOPLE IN OUR COMMUNITIES."

I also work as a GP in an Aboriginal community controlled health service, and my AIDA Board responsibilities keep me busy, too. As an Indigenous doctor, I know how important it is to recharge and reconnect with country and family. I also try to have a life away from politics and medicine and have a farm where my family raises cattle. With such a contrast between work and home it means that it is not hard for me to pull back. It is those things that help sustain me, and I exercise almost every day.

Our own communities are well placed to verify how important Indigenous doctors are. I am always taken aback by the sense of pride shown in our Indigenous doctors by our communities. We must however also continue to support Indigenous doctors who choose not to work in Indigenous health, because while they may not have direct contact, we know that their influence will flow back to our people and to Indigenous health.

If you are thinking about doing medicine, then have a go. If you find it is not what you like, then that's fine too – better to try than to spend the rest of your life wondering.



DR LOUIS PEACHEY

B MED, FACRRM, JAMES COOK UNIVERSITY,
FOUNDING PRESIDENT, AIDA, 1999 – 2003

• DR LOUIS PEACHEY

“I AM NOT SURE THAT ANYONE OR ANYTHING COULD HAVE PREPARED US FOR THE CHALLENGES OF BECOMING ABORIGINAL DOCTORS.”

I had just resigned from a government job in Cairns when Frank Lake, who was in charge of the Cairns office of DETYA (Department of Education, Training and Youth Affairs), told me about University of Newcastle opening up places for Aboriginal people in their medical school. I noted my interest in a burst of childish bravado, without ever really believing such a thing would come true. A few months later I traveled from my tribal property back to Cairns to meet a representative from the medical school.

I was told to bring a Curriculum Vitae (CV) and proof of Aboriginality. I didn't know what a CV was (or even how to spell 'Vitae'), and was stumped by the idea of having to prove that I was a Murri.

Fortunately, Uncle Bill was the local NAC member, whose office was in the same building as the interview, and he was able to furnish me with the appropriate letter to prove my Aboriginality. At interview, I found myself being introduced to a professor from the medical school, and two of my own cousins who were about to interview me. I wasn't sure if I was supposed to tell anybody that

we were cousins, or just play along that I was meeting these folk for the first time. Clearly discretion was the better part of valour.

I now work as a medical educator within the Mount Isa Centre for Rural and Remote Health, which is part of James Cook University. Mostly I teach undergraduates and junior staff, but still spend one day a week working as a GP anaesthetist at Mount Isa Base Hospital.

Like most Murries, my family is important to me. I have multiple heritages. Mum's dad was from Badtjala, Kalkadoon and Nunukul mobs and Mum's mum was from Djirubul stock, largely Girrimay. In our family our strongest attachment was to Girrimay, which makes us rainforest blackfellas. The irony is never lost on me that this particular rainforest blackfella finds himself out in the middle of the desert at Mount Isa, which has been our home for the last five years, although we will move back to the land of rain and tall trees soon. My babies know that they are rainforest babies and long to go home.

From the moment I signed up for medical school, it has been a

fabulous journey with amazing highs and unimaginable lows. Mum and Dad didn't tell me I couldn't or shouldn't pursue a career as a doctor. For generations my family worked the land – and so it was something unusual to do medicine. It was only in my second year after graduation, that my mother realised that I really was a doctor, this was really only evident in those few months just prior to Mum's death.

At University of Newcastle they used 'Problem Based Learning' where much of the learning is scenario based. For me, knowing why you are learning something makes it easier to learn. It makes it relevant.

The medical profession is interesting. On the one hand it is very much a western institution, but in a lot of ways the social structure is Indigenous. The Hippocratic Oath talks about sharing knowledge, which is very much like the uncle/nephew relationships we are used to in Aboriginal communities.

It was through these uncle/nephew relationships that I felt I could overcome any problem. In those early days at medical school there were only a few of us, and what

helped us to succeed was that we were introduced to the right people.

I encourage people within medical schools to ensure that young Indigenous doctors have access to the people that can support them to get through. Those are the things that make a real difference.

I love being a doctor. The fraternity sustains me. I know that when I need the fraternity's support, my colleagues will face the adversities and stand with me, shoulder to shoulder, strength tempered with humility.

My children sustain me. In my children's world about half of the blackfellas who they call uncle or auntie are doctors. In my babies' world, a Murri might choose to be a tradesman, a teacher, a vet, a dentist, or if you're really not sure you can just fall back on medicine until you figure it out. My wife and my children sustain me and knowing that I belong with somebody sustains me.

Whenever we take the girls back home to the rainforest, there is just nothing as powerful as looking over land - knowing that land is mine. That sustains me.



ASSOCIATE PROFESSOR NOEL HAYMAN

BSC APP; MBBS; MPH; FAFPHM (RACP); FRACGP
PHYSICIAN, INALA INDIGENOUS HEALTH SERVICE, QUEENSLAND

• ASSOCIATE PROFESSOR NOEL HAYMAN

I grew up in Cleveland, Brisbane, the third youngest of seven children. We were poor. Mum is Aboriginal and dad was non-Indigenous and worked for most of his life as a labourer for Queensland Rail.

I was the only sibling to complete senior school and I went on to complete a Bachelor of Applied Science at Gatton College – now part of the University of Queensland. After graduating I worked for the food processing giant, Edgell, for more than a decade.

My journey into medicine began with a glance at an article in the local Sunday newspaper written by the Dean of Medicine at the University of Queensland. He was looking for Aboriginal people with science degrees, who were interested in medicine. I responded, went through their interview and testing process, got in and began six years of medical training.

I actually enjoyed being a student again, but it was hard on family life. At that stage I was married with one child, we had another in my second year and a third while I was an intern. Financially it was also very hard and stressful. My wife worked, and I used to get some money from a scholarship – but we needed to be pretty frugal with our money.

Having a science degree was a good thing, because the first few years of medicine were all about

science. I used to run a laboratory as part of my work at Edgell. Looking back, practical laboratory sessions at the university were relatively easy because I would be out in half an hour for a three hour practical.

The last three years of the degree included a lot of clinical work. It was in third year that I started to see patients. I graduated in 1990.

Back when I was a medical student there were few Indigenous doctors and only a small number of black academic role models. In fact, in my early days it was non-Indigenous academics such as Professor Ernest Hunter of the University of Queensland who mentored and guided me. In those days medical schools didn't pay much attention to Indigenous health, but now I give lectures on Indigenous health to packed lecture theatres in medical schools and am an Associate Professor at the University of Queensland.

I did my internship at the Princess Alexandra Hospital in Brisbane, but always wanted to focus on Aboriginal health. In 1994 I took on responsibility for running the Inala Health Service, which is located about 25 minutes from the Brisbane CBD. It is an area defined as low socio-economic, with a high proportion of Indigenous people. It was there that I felt my combined life-experience and my qualifications

“I LOVE WHAT I DO. A CAREER IN MEDICINE IS VERY FULFILLING AND I AM SO PLEASED IT GIVES ME AN OPPORTUNITY TO CARE FOR MY PEOPLE AND TO INFLUENCE INDIGENOUS HEALTH POLICY. IF YOU ARE THINKING ABOUT A CAREER IN MEDICINE, THEN I SAY GO FOR IT. I HAVE NEVER LOOKED BACK.”

could help make a difference. Indigenous health is my passion. It was all I ever wanted to do.

In my early days at Inala I used focus groups to find out why people were not accessing the health service; at that time there were 12 patients on its books. What we were told was that there were no Aboriginal people working at the service. I was lucky enough to find and employ an Aboriginal nurse and it has been the Noel and Nola team ever since.

Today Inala has three thousand patients and our doctors provide over a thousand consultations a month. Inala hosts medical students, advanced trainees in paediatrics and trains GP Registrars in what is a great environment for teaching. I started by myself in 1994 and it is rewarding that Inala has since grown to a staff of 24.

My current focus is to continue to improve Indigenous access to mainstream health services and medical education, and for Inala to be a centre of excellence for Indigenous primary health care that will be used by universities and other health facilities to train staff in Indigenous health. I will continue to lobby to try to make that happen.

I am honoured that my dedication, commitment, and my work at the Inala Health Service has been recognised by the Aboriginal community through a 2008 Deadly Award for Outstanding Achievement in Aboriginal and Torres Strait Islander health. I was also awarded the inaugural Australians for Native Title and Reconciliation Close the Gap Queensland Indigenous Health Award. They are both awards I am very proud to have received.



DR MARK WENITONG

BMED, ASSOC DIP CLINICAL
LABORATORY TECHNIQUES
SENIOR MEDICAL OFFICER,
APUNIPIMA CAPE YORK HEALTH COUNCIL
PRESIDENT, AIDA, 2005 – 2007

• DR MARK WENITONG

I am Kabi Kabi descent from south Queensland on the coast around Noosa. My mum, who was a single mother, raised my four older brothers and sisters and me in an industrial township.

I was the only one in my family to do Year 11 and 12 – only because I didn't want to start working! - even though my family had a strong work ethic. Later though some of my siblings went on to study.

Before going off to the University of Newcastle School of Medicine I had been working for 11 years as a laboratory technician at the Darling Downs Institute – now the University of South Queensland. As a technician, working in the pathology section testing blood sent in from Cape York and Torres Strait, I got a real sense of how bad the health of our mob is. I could see that there was a lot of work to be done and that you had to be in a position to make the decisions about what needed to be done, if you wanted to make a difference.

After going through the interview process I got into University of Newcastle and with my then partner, and our four children, we made the big move from Cairns to Newcastle. It was a challenge working through the daily reality stuff. I was 32 and had a family to support, but I was also a musician, so I would spend a full day at work and make a few dollars at

gigs at night. That was particularly tough at exam times.

I remember how in the beginning I had to fight the self-doubt about whether I should actually be there. I was in a class with smart kids who came straight from Year 12, but I worked hard in the first year and got an average of about 95%. Those grades gave me the confidence to keep going, but I had to keep working hard and that meant studying until very late.

I got good support from those around me, and drew on the help, resources, and networking that was available through the University Aboriginal Student Support Unit.

My mother was really proud. As an Aboriginal health worker she knew how important Indigenous doctors are and my uncles were also wonderful support. I would get handwritten notes from my uncles and they would send a few dollars – small change – though they did whatever they could to help because my success was really important to them. My mob was, and still is, incredibly supportive.

Throughout my studies I only failed one thing, and though disappointing, it was not the end of the world. I did let the self-doubt creep in again though, and I even tried to put it down to the fact that I was a Murri, but that is wrong. Instead I was able

“MEDICINE SEEMS LIKE A LONG COURSE, BUT ASK YOURSELF WHAT WILL YOU BE DOING IN FIVE OR SIX YEARS IF YOU DON'T DO IT? WHEN YOU THINK OF WHAT YOU CAN ACCOMPLISH IN THAT TIME, THEN SIX YEARS ISN'T THAT LONG, AND TIME FLIES SO FAST.”

to turn self-doubt into self-confidence and recognise that a fail was not the end of it. I just re-sat the exam, re-focused and got on with it.

At the moment I am working as a senior medical officer at Apunipima Cape York Health Council. My work involves working with patients in one-on-one settings – and I love that because I know I have the ability to communicate well with Aboriginal people and that's special. As an Aboriginal doctor, our people are confident telling me things that will help me make more informed decisions about their care and that is better for everyone.

At a regional level, I contribute to the work of community-controlled health organisations and I am also involved in academia and in mentoring people within the fields of medicine and allied health. At a state and national level I actively pursue opportunities to influence policy, because it is important for Indigenous people to contribute and be involved in these discussions.

I would like to encourage Aboriginal kids to recognise that you are smart and deadly and need to be careful not to give up before you start on your journey. If you are interested in medicine, then find out about your options and the support that is available to you to help you be what you want to be.



DR TAMARA MACKEAN

MBBS, BSCI (HONS)

DIPLOMA OF THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICS AND GYNAECOLOGY

PRESIDENT, AIDA, 2007 - 2009

• DR TAMARA MACKEAN

“PEOPLE OFTEN TALK ABOUT A CAREER IN MEDICINE BEING LIFELONG LEARNING. IT’S TRUE. YOU NEED TO BE A PERSON WHO ALWAYS WANTS TO LEARN AND BE PREPARED TO LEARN, BECAUSE THERE IS NO END TO THE LEARNING.”

I am a descendant of the Waljen clan of the Wongai Peoples of the Goldfields region in Western Australia. My family background is also Scottish and British. I attribute my Aboriginal mother with my strength. I have learnt a lot from her about that.

I did all of my schooling in the Western Australian south coast town of Esperance, which is about half-way between Albany and the South Australian border. I enjoyed school and although I did not know what I wanted to do, I knew I liked science and wanted to go to university.

At the end of year 12 I visited the University of Western Australia and Shenton House – the Aboriginal Student Support Unit for students at the University, and it was there that I first learnt about medical careers for Indigenous students. The idea of being a doctor just sort of popped into my mind. I thought, “imagine that!”

My journey into medicine began with the Aboriginal Access Program at the University of Western Australia. At university, I stayed in residential and shared accommodation, but sometimes it was hard to be disciplined.

I had little self-confidence then and remember that the idea of being in medicine intimidated me. I recall

the self-doubt that sometimes crept in. I remember thinking “I don’t belong here” while I was sitting next to perfect score students. Of course I had every right to be there.

I later transferred to the School of Medicine at the University of New South Wales. It was very much the old-style teaching; anatomy, physiology – all the basic sciences and later the clinical sciences in a hospital setting. Now medical students start clinical work a lot earlier. I graduated in 1999 with a Bachelor of Medicine and Bachelor of Surgery and was joint winner with Dr Kelvin Kong of the Alumni Award for Achievement.

After a road accident during university resulting in a spinal injury, and a few years later another accident when I was working that compounded the injury (neither of which were my fault), it was clear that the physical work involved in being a doctor would be a challenge – but the profession still provided me with many career pathways.

I did my internship at the Queen Elizabeth Hospital in Adelaide, and later worked at the Adelaide Women’s and Children’s Hospital where I did a Diploma in Obstetrics and Gynaecology. I then did various work from clinical work in obstetrics,

psychiatry, ophthalmology, general practice and medical education to research and public health where all of my focus now is. I am also involved with AIDA and have been since its inception. It is where there is a great deal of collegiate support.

I worked as a Senior Lecturer at Flinders University in South Australia for five years in which time I was awarded a staff Award for Outstanding Contribution to the University, as well as being recognised nationally and receiving the inaugural *Limelight Award for Leading Innovation in Cultural and Organisational Change* in 2007.

I am currently living in Perth and working as a Senior Research Fellow with the Centre for Aboriginal Medical and Dental Health at the University of Western Australia (CAMDH) focusing on Indigenous Health Research. My husband, a Noongar Doctor, is studying psychiatry in Perth.

I am also doing a three-year post-graduate training program to gain Fellowship in the Australasian Faculty of Public Health Medicine, which is a Faculty of the Royal Australasian College of Physicians (RACP). I started the Fellowship before having my son, Tjakapirri. His name means Emu in Western Desert language and is in honour of his father’s family totem.

It’s a lot of work, but well worthwhile.

Even with the demands of a young family, I believe that to become a Fellow is important, because if we need to change medical culture we need to participate at the Fellow level. It is at the Fellow level that decisions are made about our profession and I want to ensure that, as Indigenous people, we are part of those discussions.

If you are thinking about medicine there are things you need to give some thought to. You have to ask yourself, do you have an interest in science and like understanding how things work? You have got to really want it. It’s a long course and there’s a large volume of material to get through. If you want to do it for the money, then you should probably do something else! It’s important to like people because as well as enjoying interaction with your patients you also need to want to work with people as you will be part of a health professional team.

You do need a lot of patience, diplomacy and tact to sustain yourself in a medical career and be able to grasp opportunities when they become available to you. As well as your career focus you also need to care about the things you stand for and importantly, to make family time.



ASSOCIATE PROFESSOR NGIARE BROWN

BMED, MPHTM, FRACGP, PhD CANDIDATE
DIRECTOR, POCHE CENTRE FOR INDIGENOUS HEALTH, UNIVERSITY OF SYDNEY.
FOUNDING CHIEF EXECUTIVE OFFICER, AIDA, 2002 - 2003

• ASSOCIATE PROFESSOR NGIARE BROWN

“MY EXPERIENCE WILL BE DIFFERENT TO ANY OTHER GRADUATE OR QUALIFIED INDIGENOUS DOCTOR, BUT I HOPE THAT WITH EACH INDIGENOUS GRADUATE THE JOURNEY WILL BE MADE A LITTLE EASIER FOR THOSE THAT FOLLOW.”

I studied medicine at University of Newcastle as a five year degree. At 18, I was straight out of school, but even then I knew that I was doing something that I'd always dreamed of.

Currently, I am one of the directors at the Poche Centre for Indigenous Health at the Faculty of Medicine, University of Sydney. It was established from a philanthropic donation by a businessman interested in improving Indigenous health. At the moment the Centre is developing a strategic plan and will focus on supporting clinical service delivery in western NSW and the NT around primary care and specialist outreach. Linked to that will be medical education, nursing and allied health, monitoring and evaluation of programs and identification of priorities in the communities within which we work.

I have a strong interest in human rights law and health and how we can utilise these rights, principles and frameworks to improve Aboriginal health and social justice outcomes – particularly for children. I believe it is important for communities and individuals to participate in decision

making and the accountability of governments around health care. I want to explore how we might use these principles to support and develop our most disadvantaged and most vulnerable.

Clearly, I love a challenge, but I recognise no one individual achieves great things in isolation – no matter what we might think, or what we might be, or what we might be told. There are always other people involved in progress and achievement and being able to play a part in all of that is really worthwhile.

I grew up on the South Coast of NSW in Barrack Heights, near Shellharbour. My connections are from around Nowra, Kempsey, and up and down the coast of New South Wales. I have embraced opportunity and worked in Darwin, in the Western Desert region and in Sydney. In 2002 and 2003 I was the Chief Executive Officer of AIDA, and am still involved in the Association.

Obviously I was confident enough to complete the academic component of medicine, but I would like to think I am a perfect example that you don't need to be that bright to do medicine!

But you do have to love what you do. It helps you to get out of bed in the morning.

I was assisted through medical school through a defence force scholarship and graduated at a time when there were so very few Indigenous doctors. We tend to be snapped up to work in Indigenous specific roles; but there are just so many pathways available.

My background is mostly in primary care and emergency medicine, but I have also worked in research institutions, as a GP, in universities and in the area of policy development. There have been so many wonderful experiences and there will be many more ahead.

Now that I have been in the profession for some time, what sustains me and keeps me enthusiastic about medicine is, first and foremost, family. I say that even though I am probably away from them more than I should be, or want to be. The support and faith placed in me by my parents, my husband and my brother is critical to me, and of course there is the unconditional love of my children and creating a

positive future for them. Working in Aboriginal health can be frustrating and heartbreaking and debilitating. Without them I can't imagine where I would be.

Professionally, there is always something interesting happening. There are many things that are yet to be done and will likely remain to be done well past my lifetime, but I know there are things that I can contribute to right now. With opportunity comes great responsibility and I have been given some amazing opportunities in my life and doing medicine is just one of them.

I would like to think that Indigenous doctors have something that other practitioners will never possess. It is a cultural identity and pride in identity. I would like to think I have a special respect for cultural perspectives and acknowledge and respect Elders, community and culture, and therefore have a better comprehension of how to engage with Aboriginal patients and communities. They are special skills that I am grateful for as an Aboriginal woman.

DR ALEX BROWN

BMED, MPH, FCSANZ, PhD CANDIDATE
DIRECTOR, CENTRE FOR INDIGENOUS
VASCULAR AND DIABETES RESEARCH,
ALICE SPRINGS



• DR ALEX BROWN

I am currently the Director at the Centre for Indigenous Vascular and Diabetes Research, for the Baker IDI Heart and Diabetes Institute, in Alice Springs.

I am originally from the south coast of New South Wales. I have been in Alice Springs for the past nine years.

After leaving high school, I had a cadetship to study naval architecture. I never really thought about being a doctor, but with a big sister at the University at Newcastle studying medicine, I would go to some of her lectures and before long an opportunity came up where I was offered a place in the medical school. I thought “well yes! I’ll give it a go”. It is not the most inspiring journey into medicine, but it was certainly the right choice and it is one of the best decisions I ever made.

My graduation ceremony was in 1996. I did my internship at Gosford Hospital on the northern Sydney Central Coast and I did rotations at nearby hospitals.

As a registrar at Gosford Hospital I was particularly interested in intensive and critical care and at the end of the year I was offered a job as an anaesthetic registrar, and for a short time I trained in anaesthesia. Then an opportunity came up to take up a scholarship in Jerusalem, Israel, as a Masters in Public Health. On my

“WHAT SUSTAINS ME IN WHAT IS A CHALLENGING PROFESSION IS THE ONGOING LEARNING IN CENTRAL AUSTRALIA. I AM HUMBLLED BY THE FACT THAT ABORIGINAL PEOPLE THAT HAVE THE LEAST, ACTUALLY HAVE THE MOST TO OFFER, AND THAT THE DEEP IMPULSE TO BE COMPASSIONATE AND EMPATHETIC TO EACH OTHER REMAINS STRONG.”

return from Israel I had to make a decision about whether to continue in anaesthesia, but ultimately I decided to focus on public health.

My move to Central Australia was promoted by an advert on the British Medical Journal website, seeking someone to run the Centre for Disease Control in Alice Springs. I took up the job towards the end of 1999.

I spent three years at the Centre, focusing on the management, monitoring and control of disease and health policy relevant to communicable disease and immunisation control. I found it frustrating working within the bureaucracy of government, so I jumped at the chance to instead set up a research centre through the Menzies School of Health Research.

I did that for three years before taking up my current work at the Baker Institute.

I really enjoy my work because it takes a public health approach to important questions such as: why do Aboriginal people die of heart disease? and what do we do about it? We try to understand the impact; the way in which the system does or doesn’t do its job; markers for prevention of adverse outcomes; and the role of stress in disease. We involve ourselves in

surveys to determine levels of illness; we track people and try to work out the predictors of ill-health, and are involved in developing and trialing innovative models of care as well as training of the health workforce. I particularly like being part of a movement that recognises that service delivery is about engaging people during periods of wellness – not just when they are sick.

In undertaking my PhD, my research interests include Indigenous cardiovascular disease and its determinants, clinical and epidemiological cardiovascular research, chronic disease policy development, health services research, Indigenous male health, and the psychosocial determinants of Indigenous health – the impact of depression and stress.

I am almost every day in contact with some of the greatest and longest living wisdom on earth. While every day is learning – every day is also tough; but my life is enriched by constantly coming into contact with the things my family lost many years ago.

I suppose if I think about my journey into medicine I would have to say that I have been given so many opportunities and people have believed in me. If you are presented with opportunity; then my advice is take it – and make the most of it!



DR LATISHA PETTERSON

B MEDICINE, DIPLOMA APPLIED SCIENCE (NURSING), DIPLOMA OF SEXUAL HEALTH COUNSELLING GP TRAINEE, DANILA DILBA HEALTH SERVICE, DARWIN

• DR LATISHA PETTERSON

“I LOVE MY WORK. I HAVE HAD A FEW ELDERLY ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE CRY WHEN THEY FIND OUT THAT I AM AN ABORIGINAL AND TORRES STRAIT ISLANDER PERSON.”

I was born in Darwin, on Larrakia country, and consider myself both Aboriginal and Torres Strait Islander.

My mother’s people are descendents of the Gudjal people from far North Queensland. My father’s grandfather’s people are from Mabiliaug in the Western Torres Strait – the Wagadidam people. His grandmother’s people are Wardaman from Moi Moi Country, and also descendents of the Mudburra, Jinjili and Gurindji peoples.

I finished my schooling in Cairns and completed a Diploma in Applied Science (Nursing), at the Northern Territory University in Darwin. I worked as a registered nurse at the Royal Darwin Hospital, Thursday Island Hospital and at Wuchopperen Aboriginal Medical Service in Cairns. It was while I was finishing off my degree, that I decided that I wanted to do medicine.

I decided to go to the University of Newcastle because of its support network, the number of Indigenous medical students enrolled and because I thought Newcastle was a good city, given I was going from Thursday Island – a remote Indigenous community to an industrial city. I have a daughter Ty’a who was born while I took a year off

medical school in my 4th year. I went back to medical school when Ty’a was six months old and finished my degree in 2000. I did my intern and residency at the Cairns Base Hospital.

One of the key deciding moments in my decision to do medicine was while I was working in sexual health as the Clinical Nurse in the Torres Strait. I knew that even though I could be a triple certificate nurse and do a masters degree, the doctor team ultimately made the decisions. I felt that the only way I could personally make a significant contribution to Indigenous health was if I went on to study further. It was about me being more autonomous in my professional life and I really enjoyed the intellectual challenge of studying medicine. I also saw premature death within my own family and wanted to be a clinically competent and compassionate doctor and focused on patient wellbeing and health outcomes.

The greatest influence in my life has been Mum. She has passed on now, but she was extremely instrumental – even though I did medicine long after she passed on. It was her role modeling and values that ingrained in me the importance of being educated and studying

hard; it was her work and devotion to making a better place for us that inspired me to strive and aim as high as I could. My grandparents were very supportive.

I am currently working at Danila Dilba, the Aboriginal Health Service in Darwin. I am involved in the outreach program – which means I work as a GP at various communities which include 15 Mile – now known as Palmerston Indigenous Village, Knuckey’s Lagoon, and One Mile Dam in Darwin. I am involved in a clinic at Mission Australia’s sobering-up shelter. We also run a clinic for people who live in the long grass. I am the only Indigenous doctor at Danila Dilba, but I have great support from non-Indigenous doctors.

In terms of inspiring people’s journey into medicine, I say be strong in your own identity, stay connected with country, culture and community. We all have obstacles – that’s life. When I was studying, my daughter was sick quite a few times and required hospital admissions, but I was open and transparent to my lecturers and they were very supportive. I was a single parent and going through medicine was extremely difficult, but very worthwhile.

Like most Aboriginal and Torres

Strait Islander people, my family and I experience multiple life stressors and so I need to take care of myself. I do that professionally by being involved with AIDA. I have been involved with AIDA since 1997 and currently I am the Treasurer. Having that collegiate support with other Indigenous doctors and medical students sustains me. I also have incredible support from my non-Indigenous professional peers.

On a more personal level, I am a saltwater person. I live near the beach and probably go to the beach about five times a week and watch the sunset and pray and talk to my ancestors, listen to country and the saltwater. I have really good family support. I speak to Aunties, my other family members, my closest friends and of course I share quality time with my beautiful daughter Ty’a. I read and I also listen to good music and I do regular exercise, yoga and other things in terms of relaxation to keep myself grounded.

I suppose I would like to encourage people irrespective of their age, whether they have kids, or straight out of high school - to embrace life, pursue their dreams and make use of the support of organisations such as AIDA to support you on this exciting and rewarding journey.



DR MARILYN CLARKE

MBBS CLASS II HON (SYD), GRAD DIP CLIN EPI (NEW), FRANZCOG
OBSTETRICIAN & GYNAECOLOGIST, COFFS HARBOUR
GALAMBILA ABORIGINAL HEALTH SERVICE

• DR MARILYN CLARKE

“I LOVE DELIVERING BABIES AND I LOVE IT WHEN THERE ARE GOOD OUTCOMES. WHEN THINGS WORK OUT WELL IT IS A REALLY HAPPY JOYOUS JOB – A PRIVILEGE. WHEN THINGS GO WRONG I AM STILL GLAD TO BE PART OF IT TO HELP WOMEN THROUGH DIFFICULT TIMES.”

There are three doctors in our family: me, my brother Dr Kelvin Kong is a surgeon and my twin sister, Dr Marlene Kong is a GP and has an interest in public health. Although we're all doctors, the career pathways available to doctors have taken us in very different directions.

I am a Worimi woman from the Port Stephens area. My mother was a single parent. I came from a very matriarchal family as my mother and grandmother were very strong female figureheads. My mother was from a family of twelve – eight aunties and four uncles, so there were a lot of positive female influences around me.

As a family we were, and still are very close. We went to local public schools before my twin sister and I went to the University of Sydney to study medicine. It is thought until then there had never been Aboriginal students in the Sydney University undergraduate medical degree. We got through with each other's support and graduated in 1997.

After three years as a junior medical officer at Westmead Hospital in Western Sydney, I signed up with Australian Volunteers Abroad to work in Papua New Guinea. With very little money, it was a way to fulfil my travel aspirations.

My year long experience in Papua New Guinea was heartbreaking. I saw mothers and babies who were sick and dying from diseases and conditions that were largely preventable because they simply didn't have the necessary resources, skills and staff. I realised then that being a specialist meant that I had the potential to do a lot of good.

Six years of additional study is a big commitment, but there were a number of other things that cemented my interest in this speciality.

My mother is a registered nurse and was a trailblazer in her own right; taking up nursing at a time when racism was more blatant, making it harder for Aboriginal people to pursue the careers they wanted. Still, she persisted and went on to do midwifery and worked as an independent women's health practitioner. She has always been a strong advocate for Aboriginal women's health and for services for women.

As a medical student I also met Sister Alison Bush who was an Aboriginal midwife at King George Hospital and a respected, clinically savvy midwife. Alison took both Marlene and I under her wing. I think she identified with us as twins and

saw in us a lot of parallels between us and her twin sister Jennifer, who was a paediatric nurse. They too were trailblazers in their day. I am glad they all influenced my decision and that I had their support.

I finished my six year, post-graduate, specialist training in 2007, mostly through John Hunter Hospital in Newcastle, and soon after gained Fellowship from the Royal Australian & New Zealand College of Obstetricians & Gynaecologists. Since then I have been working as a specialist in Coffs Harbour on the New South Wales mid-north coast. I have public hospital appointments, am a part-time private practitioner, and run an antenatal clinic for Aboriginal clients at the local Galambila Aboriginal Health Service.

It gives me a lot of pleasure to empower and educate women about their health. For a long time medicine has been a very patriarchal and male orientated profession, especially in the area of obstetrics and gynaecology, but that is slowly changing as we see more female specialists gaining fellowship.

I believe that if you pick something you really love, enjoy and are passionate about, then you

will succeed – but you also need to ensure that you access the help that is available to you on your journey.

At the time I went through the University of Sydney there was not much support for Indigenous medical students. I encourage students to find out what help is available to them either through their university or through AIDA.

I guess for junior medical officers who are thinking about obstetrics and gynaecology as their speciality, I encourage them not to be turned off by the lifestyle. Yes, you are on call a lot, and babies don't have good timing, and yes you can be up at all hours of the night but the hours do get better. I work part-time by choice, and can now enjoy some flexibility. The profession also went through a time of high litigation, but that is not so much of an issue anymore.

At the moment I am the first and only Aboriginal specialist obstetrician and gynaecologist, but I am pleased that there are a couple of young doctors who are interested in doing the training. I encourage Aboriginal doctors to consider it as a speciality and I am hoping to be able to mentor them through the hard years as a registrar.



DR SHANNON SPRINGER

MBBS, BAppHSc
ABORIGINAL AND TORRES STRAIT ISLANDER
COMMUNITY HEALTH SERVICE MACKAY

• DR SHANNON SPRINGER

I grew up in Mackay in North Queensland where I did most of my schooling. My background is Aboriginal and South Sea Islander.

I was a gifted athlete and did well at many sports from hurdles to rugby league and I even competed overseas. Sport had become such a part of my life that back then I had no aspirations to go on to tertiary study.

I actually intended to get an apprenticeship as a builder, but instead won a Brisbane Broncos Scholarship in 1996 and moved to Brisbane. It was during that time I decided to finish school, even though my grades weren't particularly good.

I enrolled in a Bachelor of Health Sciences in Indigenous Primary Health Care and was surrounded by a lot of influential and strong Aboriginal and Torres Strait Islander people.

I learnt so much about Aboriginal and Torres Strait Islander health during that time and with that came a passion and commitment to do something about it.

It was around that time that I started putting my interest in health ahead of football. I wasn't playing particularly good football then, and

soon realised that football was not going to take me where I wanted to be. Although I continued with sport throughout university I committed myself to a future in Indigenous health.

I graduated from the Health Sciences Degree after three years, but wanted to learn more. I thought about doing honours, or a masters in Indigenous health, and then considered a medical career, because I knew about a new course in Townsville that had a particular focus on Indigenous health.

The Health Sciences Degree developed my confidence to take on medicine.

I considered doing a post-graduate course, which would have meant only four years of medicine, and although it would have been convenient, because I was already in Brisbane, instead I opted for the six year undergraduate course in Townsville because I felt I didn't have the basic sciences for the post-graduate course and I didn't like the idea of failing. It was the right decision for me.

I moved to Townsville in 2000. As I went through university I still

“IT WAS A LOVE OF SPORT THAT EVENTUALLY LED ME TO A CAREER IN MEDICINE; BUT IT WAS THE SUPPORT AND ENCOURAGEMENT OF MANY OTHERS THAT ENSURED MY DREAM CAME TRUE.”

played sport, but I was clear about what my priorities were. I maintained other interests outside of the university too. I sat on the board of the local Aboriginal Medical Service in Townsville, which continually reminded me why I was studying medicine. As a third year student I became a student representative for AIDA.

When I graduated I felt I needed to establish myself as a doctor and so I moved to the Gold Coast for my intern year. I later moved to Brisbane to work at the Royal Brisbane Hospital for my JHO (Junior House Officer) year. The JHO year is considered the time when you choose your specialty, but I always knew I was going to go into Indigenous health.

My journey confirms that no one can tell you what you can and can't do. If you are interested in something, establish your confidence by being around people who are supportive and then move forward. I studied with other Aboriginal and Torres Strait Islander people in a supportive program and I was also around non-Indigenous people who

were strong advocates for us.

I guess my motivating factor was that when I was not performing particularly well or studying well, I reminded myself why I was there. It was important also to maintain contact with family. In my second year of medical school I got married and we had a baby. My wife Farnaz is a pharmacist and our daughter Sophia is two years old.

After 12 years away from Mackay I will soon return to my hometown to work at the Aboriginal Medical Service. Although I missed family and home, the years away exposed me to many experiences that will ensure I am a better doctor. That was important to me because I didn't want to go home without the skills, otherwise mob would be saying "is this fellow a real doctor or what?"

I am looking forward to going home. There is a big anticipation – all the local Murries know that I will be working at the Aboriginal Medical Service, which is a good feeling. For me it is not about going back to give something back. It is about going back because that is where I want to be.



DR STEPHANIE TRUST

MBBS
GP TRAINEE,
ORD VALLEY ABORIGINAL
HEALTH SERVICE, KUNUNURRA

• DR STEPHANIE TRUST

“NOTHING BEATS THE FEELING OF GRADUATION. IT WAS WONDERFUL TO GRADUATE AND MORE SO BECAUSE MY MUM, DAD AND AUNTY JANE WERE AT THE GRADUATION CEREMONY TO SEE IT.”

I am from the Kimberley region of Western Australia. My mother Bidy is a Gidja/Jaru woman and my father Jack is a Walmajarri man. I was born and grew up in the Kimberley – mostly in the East Kimberley around Wyndham and Halls Creek.

I am from a large family and have seven brothers and sisters and like most Aboriginal families I have a lot of cousins and uncles and aunts. I also have a son Shannon, who is 18 now.

I guess when I first thought about working as a doctor, or even as a nurse, I was about 10 years old and we were living in a tent in Halls Creek. My sister-in-law was an Aboriginal Health Worker and I used to accompany her on the medication run through the town. I really loved it. I remember thinking that this was something I would like to do when I grew up.

I took a longer path than most to get into medicine. I went through primary school in Wyndham and Halls Creek and then did Years 8-10 at Wyndham High School, then to Perth to do Year 11 and 12 – as most children from that region did because we couldn't do Years 11

and 12 in the Kimberley.

When I finished high school I went back home and completed training as an enrolled nurse back when training was part of the hospital based nursing course. I later converted it through additional training to qualifications as an Aboriginal Health Worker.

I was quite happy being a health worker in the Kimberly and Pilbara, but was acutely aware of the shortage of doctors. I remember one day, about eight years ago, chatting with a colleague and friend who was also working as a child health worker, about an interest in medicine. Together we found out about pre-medicine at the University of Western Australia. In fact we both went to medical school and both of us have since finished.

My involvement in the health sector before embarking on a career in medicine certainly helped my confidence to believe yes! I can do it. It was tough though. I was a single mum. Shannon was nine when I began my journey into medicine.

I did talk to family to let them know what I wanted to do. Their reaction was mixed. Some were worried about me being in Perth and

such a long way from home, but they were very supportive and happy and remained so throughout my training. I was encouraged by people I worked with in health and supported and encouraged that I was able to do it by staff at the Indigenous Studies Unit and Centre for Aboriginal Medical Dental Health. It was important to hear that from them, as they knew what I needed to do to succeed.

I finished the pre medicine course and in the early days I was staying on lounge room floors trying to house hunt so that Shannon and I had somewhere to live. There was the stress of not earning a wage, needing to apply for scholarships and finding housing. It was hard, deferral cut-off dates were close and I wasn't settled, so I decided that I would return home to save some money and sort things out before I returned to Perth to start my training.

For new students, I recommend organising all these things before you actually start the semester. It is too hard to arrange these things when you are studying. You need to make sure that your focus is on study.

I will start my GP registrar position in Kununurra soon so I will have come full circle – back to where

I started and I am really looking forward to that.

I always knew how important it was to have Aboriginal doctors, but it didn't hit me until I got back home. As an Aboriginal doctor working in a community you have so much background knowledge. Taking the time to learn about Aboriginal culture and history is important for students because it will make them better doctors.

Over the years I remained connected with this mob and some of the health workers are still there. The AMS in all the towns have a central management body. Kimberley Aboriginal Medical Services Council (KAMSC) supported me through a cadetship where I would come back every holiday so I would always have an income in the holidays. A cadetship was not just an opportunity to earn money, but it was also a way for medical students to stay connected with their communities.

As a doctor you are never off duty. People will turn to you all the time, so you do have to be creative about how you ensure that you have “you time” for yourself. Looking after yourself is important for you, your family and your community.

DR KIARNA ADAMS

MBBS
MEDICAL OFFICER,
CABOOLTURE



• DR KIARNA ADAMS

I was born and raised in Darwin. I always enjoyed school and learning as my parents encouraged that. At age 14, I made the decision to go to a private school in Ballarat in Victoria.

When I think back, I guess I always dreamt of going to university. I am not sure exactly where that came from and I don't think I really even knew what being a university student involved at the time I went into tertiary education.

After high school I began a health science degree in Melbourne. Although I was working my way through that degree, I wasn't very focused so I took some time out to consider my options. That's when I found out about the Pre-Medicine Program at the University of Western Australia.

The Pre-Medicine Program is an eight week course that assesses your suitability to study medicine. I passed the exams and was accepted into UWA's Medical Degree. In a week I had packed up my belongings in Melbourne and had made the move to Perth. I was 19.

I started the undergraduate course as a first year medical student and graduated from the University of Western Australia in 2005. I did my

intern year at The Townsville Hospital in 2006 and ended up staying in Townsville for three years.

Now in my fourth year out of training, I work as a doctor in gynaecology and obstetrics at the Caboolture Hospital.

I guess the toughest time as a medical student was in the earlier years of study because all the work is theory-based. I often wondered how I would remember all the information for exams, but I did. I guess the thing about studying medicine is the further along you get into the course the more enjoyable it is. In the latter years you get to practice clinical and procedural skills. In my final years as a student I was on the AIDA Board as a student representative.

I got through my studies with the financial assistance provided by scholarships. I got a Puggy Hunter Memorial Scholarship that meant I didn't have to work and could just concentrate on study.

Throughout study there was never a sense that I was in it alone. I got lots of support from the University of Western Australia's Centre for Aboriginal Medical and Dental Health (CAMDH). I owe a lot to CAMDH. I got tons of support, including access

to resources such as books and computers and the Centre provided a place to meet other Indigenous students. The Centre helps with finding accommodation and to source financial assistance. I met students there who will be friends forever.

I will never forget the feeling of relief and achievement that I felt when I completed my medical degree and was able to start work as a doctor. All the hard work had paid off.

I am drawn to obstetrics and gynaecology because I enjoy managing pregnancy. The first time I saw a baby being born was exhilarating. I like working with female patients and to share in their experiences – even if that does sometimes mean a trip to the operating theatre or having one of the difficult conversations doctors have to have at times with patients. If you want to do specialist training then you really have to plan. That is probably one of the challenges of a medical career.

For me the future looks bright. I am young, and I know I have plenty of hard work and challenges ahead of me, but in general I'm excited about where my life and my career is headed.

“AT THE MOMENT I AM TAKING MY CAREER DEVELOPMENT ONE YEAR AT A TIME. I AM DOING WORK THAT I ENJOY AND AIM TO FIND A GOOD WORK-LIFE BALANCE, SO THAT I CAN BE INVOLVED IN OTHER THINGS SUCH AS COMMUNITY WORK. FOR ME THE FUTURE LOOKS BRIGHT.”

DR LUKE BURCHILL

MBBS, FRACP
CARDIOLOGIST AND
PHD CANDIDATE,
MELBOURNE



• DR LUKE BURCHILL

“THAT CULTURAL CONNECTION TO LAND, TO PLACE AND TO SPIRIT; THEY ARE ESSENTIAL TOOLS WITHIN THE MEDICAL KIT OF AN INDIGENOUS DOCTOR.”

I was attracted to cardiovascular medicine because the clinical problems encountered were interesting, and I felt I could make a difference in the Indigenous community in light of the high incidence of cardiovascular disease amongst our people.

After graduating from the University of Melbourne in 2000, I worked at Austin Health, where I was mentored by some great clinicians who eventually led me to a career in cardiology. I have completed my cardiology training and am currently in the third and final year of my PhD, which explores new treatment strategies for heart attacks and heart failure.

My interest in medicine was sparked from a very early age because I lived with my Nan who was a paraplegic. As a result of her medical issues, our family was in regular contact with doctors, nurses and the health care system. I can still recall Nan teaching me how to check her blood sugar.

Nan’s hospitalisations meant I became familiar with the Goulburn Valley Base Hospital in Shepparton

and the Austin Hospital in Melbourne. My family’s positive experiences with the spinal team at the Austin certainly influenced my decision to train there – I know my Nan would be proud.

For many Indigenous people, the mainstream health care system can be alienating and there is a natural suspicion towards health care providers. For me though, the experiences were positive and ultimately had a major impact on my decision to become a doctor.

Medicine is also in my family history. My great-grandfather, Thomas Shadrack James was a Sri Lankan doctor and educator who migrated from Mauritius to Australia, and worked within the Aboriginal mission system. He married an Aboriginal woman, Ada Cooper.

I am a Yorta Yorta and Dja Dja Wurrung man and my family, the Atkinson clan, hail from Echuca, with the Barmah Forest having special significance. I am also proud of my English ancestry, which I have inherited from my father who came to Australia as an eight year old. I was born and bred in Mooroopna and attended the local high school.

In commencing my medical training, I recognised that I came from quite a different place to many of my peers. With time, I learnt how to best contribute an Indigenous perspective to discussions that often had mainstream philosophies as their starting point.

Whilst at the University of Melbourne, I was involved in setting up a student organisation called Outlook – which is still running today. Its primary purpose is to promote awareness about Indigenous health issues for all medical students. Through association with Outlook, I know many fellow students have gone on to make real and significant contributions to Indigenous communities and to Indigenous health.

We need more Indigenous health professionals interfacing with Indigenous patients if we are going to improve health outcomes. When I see Indigenous patients, I am able to relate to them as an Indigenous person and I see the barriers immediately fall down. There is a sense that they have an ally in a system that is otherwise quite alien to them. I find that rewarding.

In the time that I have been completing my medical training there has been a growing respect for Eastern health practices. I hope that we can also acknowledge the wisdom and intelligence of Indigenous health concepts, and move beyond the ‘basket case’ philosophy that permeates much of the Indigenous health debate.

Reflecting on my journey, I would say that at times I felt that I might not be good enough. Finding mentors to encourage you is important, but ultimately you have to believe in yourself to achieve your goals.

What sustains me, first and foremost, is the support of my family – particularly from my immediate family and my wife Laura. As a community role model, I hope to demonstrate to other Indigenous people that there are really no limits to what we can achieve.

Maintaining a healthy lifestyle, balanced diet and regular exercise are just as important for Indigenous doctors as they are for their patients, as is maintaining connections with culture and community.



MS DANIELLE ARABENA

FINAL YEAR MEDICAL STUDENT -
UNIVERSITY OF QUEENSLAND

• MS DANIELLE ARABENA

My journey into medicine has not been a traditional one. I have been a massage therapist, I have a Bachelor of Business in Communications and a Bachelor of Nursing. I have always kept a connection with healing.

I am in my final year of a four year medical degree at the University of Queensland and am looking forward to finishing and going into my intern year.

I grew up in Brisbane, but am a descendant of the Meriam Nation, from Murray Island (Mer) in the Torres Strait. I am married with two daughters aged 13 and 15.

After leaving school I studied a Bachelor of Business in Communications and worked as a lecturer. I have also been working as a massage therapist for 12 years, but felt that a formal qualification would allow me to take my work as a healer to a wider range of people.

It was a dream that led me to where I am today, with an unexpected phone call from a university asking me if I was interested in training to be a doctor. I had enrolled in my nursing degree, so I didn't follow through, but that phone call planted the seed. Medicine would always be in back of my mind.

Having commenced studying nursing, I soon realised that my path lay with medicine. The decision coincided with my father developing health problems, including diabetes,

which eventually led to a lower limb amputation. I realised the amount of chronic disease in our communities and wanted to help. I thought if I could help one person make a positive change for their health, this may cause other family members to follow. I have two friends who were doctors and they encouraged me to consider studying medicine after I finished my Nursing degree. As a nurse I loved being able to talk to patients and their families – something that has helped my medical studies.

I had a lot of doubts about my ability to successfully study medicine but I say to my children, strive to be the best you can be – challenge yourself and don't accept second best – I didn't want my self doubt to hold me back. Thankfully it didn't!

Having supportive people around me was really important. For me, support is everything. I used to think other students were so lucky because they didn't have the responsibility of caring for children while studying medicine, but we made it work and I realised I draw strength from my family and friends.

For those considering studying medicine I would recommend joining AIDA as the support and encouragement I got from AIDA was fantastic. AIDA helps to develop leadership skills and through my involvement as the Student Director, representing all Indigenous medical

students on the AIDA Board, I have been fortunate to visit many communities across Australia.

Looking back, there is nothing I would have done differently. As students we were warned of the pressure of studying medicine and like everyone else, I suffer from lapses of confidence. I remember one year when the majority of people failed a mid-year exam and I was really stressed. The only thing that calmed me down was thinking about our Ngankari healers and the faces of the little children I had visited in different communities. Thinking about them helped me remember why it was so important for me to persevere.

I am so proud of myself to have passed all of the rotations so far. Sometimes I need to remind myself that I am deadly. I look forward to graduation and can't believe I am nearly a doctor. I know my family and friends are so proud of me. I feel a bit sad sometimes as my grandmother has passed, and will not see me graduate, but I know she would be very proud of me too. I am excited about going back to communities as a doctor to help improve the health of our people

By watching me studying hard, my eldest daughter now wants to be a doctor. I think this is great and exciting, and I am looking forward to watching the number of Indigenous doctors grow.

“I BELIEVE THAT THE STUDY I COMPLETED PRIOR TO BEGINNING A MEDICAL DEGREE PROVIDED ME WITH THE SKILLS TO BE ABLE TO CONNECT WITH PATIENTS AND TO RESPOND TO THE HUMANITY WITHIN PEOPLE. AS A HEALER I SEE PEOPLE HOLISTICALLY. AS INDIGENOUS DOCTORS WE HAVE THE CAPACITY TO SEE PEOPLE HOLISTICALLY AND ARE IN A POSITION TO BE ABLE TO ADVOCATE FOR THOSE WHO DON'T HAVE A VOICE.”



MS AMANDA RICHARDS

2ND YEAR MEDICAL STUDENT,
ADELAIDE UNIVERSITY

• MS AMANDA RICHARDS

I grew up and went through high school in the small South Australian Riverland town of Berri. My family is Adnyamathanha and Bungarla from the mid-north of SA, in the Flinders Ranges.

It was a huge step for me when at 17 years of age I moved to Adelaide to study medicine. Coming from a small town to a big city like Adelaide was scary and tough at first. I was away from many close family and friends and there was the transition to being independent, but I had committed myself to a career in medicine, having done so after a Year Ten school trip to the Adelaide University Medical School.

I remember in my first lecture, sitting amongst about 160 mostly 17 and 18 years old students thinking: "Oh my gosh. I am actually here. I can't believe I am actually going to do it."

I am in my second year. There is so much to learn, not just about medicine, but also about important things like allocating time for study and family. I know that to get through medical school you don't have to be super smart, but you really do have to

be super-committed.

I spend a lot of time with other Indigenous students – particularly medical students, and I make use of the support that is available to me. At Adelaide University there is Wilto Yerlo – the Aboriginal and Torres Strait Islander Academic and Student Support Program and there is also an Indigenous health unit, Yaitya Parruna within the Adelaide University Medical School.

As a medical student, one of the things I have had to learn to deal with is death. As an Aboriginal person I have been taught cultural beliefs in relation to death and the dead, but I have had to work through these issues particularly for learning about the human body and work on cadavers.

Study is very rewarding and I have already decided I will eventually end up in the area of Indigenous health. I love communicating and taking an interest in people and recognise that it is a privilege to work in this field. To have the ability to be a part of people's stories in such a special way is an honour.

"I LOOK UP TO MEDICAL STUDENTS WHO ARE FURTHER INTO THEIR STUDY THAN ME. THEY ARE GOOD ROLE MODELS. THEY INSPIRE ME AND I HAVE LEARNT SO MUCH FROM THEM."



MS CATHERINE ENGELKE

FINAL YEAR MEDICAL STUDENT, UNIVERSITY OF WESTERN AUSTRALIA

• MS CATHERINE ENGELKE



“YOU HAVE TO WANT IT MORE THAN ANYTHING.
YOU NEED THAT GOAL TO FOCUS AND TO KEEP GOING.”

I am 38 and in my final year as a medical student. I have been married for 10 years and have two children, aged eight and six.

I went to the special Aboriginal school in Halls Creek and then to boarding school which was a difficult time for me because I missed home. I knew though that if I wanted to make something of my life I would need to stay.

I had a fantastic upbringing in Halls Creek. We lived alongside relatives and most people were related. The isolation of the Kimberley was a constant reminder of just how important doctors are to local people. I had brothers who often needed patching up after falls and one brother with asthma who was often at the doctors and was a frequent passenger of the Royal Flying Doctor Service. These and many more experiences contributed to me wanting to do something that meant I could give back to the community that had given me so much.

When I left high school, I did a Diploma of Nursing at Edith Cowan University and graduated in 1991.

Although I loved working as a registered nurse, I knew the hospital environment was not exactly what I wanted and so embarked on a graduate degree in community health and development; I had given up the idea of studying to be a doctor way back in high school because I had it in my mind that those who did medicine were far more intelligent than me!

I also did a clinical course in midwifery, which eventually took me back to the Kimberley to Kununurra, where I did consultancy work with Dr David Atkinson who was developing the Kimberly Aboriginal Health Service Plan. On our many trips we talked about a career in medicine for me. He suggested I was capable and was blunt about the fact that any thought that I was not smart enough was ridiculous. David saw in me something that I hadn't and didn't know was there until then. He is ultimately responsible for my journey into medicine.

My husband and I decided to start a family and if all was well after my second child I would apply to the School of Medicine at the University

of Western Australia. In 2003 I got in and survived with the help of a scholarship, my husband working full time and with support from family and fellow students.

I won a Medical Rural Bonded Scholarship which was proximately \$20,000 a year in return for a commitment to work in a rural or remote community. My intention was always to go home, so that really suited us because I feel I have not finished giving back to the community that has given me so much.

I needed the scholarship because I had children that needed full time care and my daycare fees cost more than my scholarship. My husband worked full time and I am fortunate that he is supportive – in fact almost a saint. We have gone into this as a partnership.

A cadetship offered through the Princess Margaret Hospital also helped. As part of the cadetship I worked through semester breaks doing holiday relief over the Christmas period. It was a regular way to supplement our income.

I now know that you don't have

to be Einstein to get into medicine. What you have to be though is committed and be able to work long-term. It is hard work, but it is hard work over a long period of time. I am an example of how, if you have commitment, you can actually achieve it.

The Centre for Aboriginal Medical and Dental Students at Shenton House is the Aboriginal student support program at the University of Western Australia and its support was absolutely fantastic. For me, study at home with two small children was not possible, so I would leave home at 5.30 in the morning to study and go to Shenton House on weekends.

With my circumstances there were periods of self-doubt, but there was always someone there to reassure me. I knew that with two young children my background and lifestyle was quite different to others, but that was OK. I had a safe environment where I could go, somewhere I could have time out, and somewhere that I could speak to other students and be convinced that I could do it.





MS CASEY PAPAMANOLIS

4TH YEAR MEDICAL STUDENT, UNIVERSITY OF QUEENSLAND

• MS CASEY PAPAMANOLIS

My last name is Greek from my father's side. My Aboriginal heritage comes from my great-grandmother on my mother's side. I grew up in Brisbane.

I'm currently 29 and in my fourth year of a Bachelor of Medicine and Surgery at the University of Queensland.

I was the first in my family to go to university. My first degree was a Bachelor of Education and for some time I was a primary school teacher.

The significant career change from teaching to medicine was prompted by a dream that I had. I had five years teaching experience and it was becoming pretty obvious by the second year that I was not as passionate about teaching as I was when I went in. I always said to my family that if I ever became less passionate about teaching then I would have to leave because the children deserve 100% effort from their teachers.

At a crossroad, I suggested to my family that I might like to be a doctor. When I mentioned it to my dad he said it was fantastic. My mum wanted to know about the detail. I felt some of my extended family

couldn't understand why I would want to go back to university and it took a bit of explaining, but it was something I really wanted to do. They are really supportive.

Academically, going from teaching to medicine was a really huge step because I didn't do science at high school. It was very difficult in the beginning, but I read high school textbooks on chemistry, biology and physics. I think it would have been good to do a bridging course; going into medicine without it is doable but requires a little bit of extra work.

In 2004, while riding a bicycle, I was hit by a car. The injuries meant I was in bed for quite a few months and couldn't walk for nearly nine months. It was during that time that I took the opportunity to study for the entrance exam (GAMSAT).

I have been assisted by the Puggy Hunter Memorial Scholarship which is very helpful financially and means that I am able to buy textbooks when I need them. It is also helpful for day-to-day living expenses.

As Indigenous medical students we support each other and there is also a lot of support from AIDA. Each student is entitled to private tutoring

through their universities and these things have been fantastic help.

I have been a patient and been through trauma, and know what it is like to be stuck in bed. I know that when the doctor or physio come to visit you that it's the most important part of the day and you are expecting something from them – even just a smile and a rub on the shoulder and reassurance that they are taking care of you, is important. I will use those experiences to inform how I work as a doctor.

I don't know what I am going to do yet, after I graduate. I suppose the things I like the best so far are general practice and remote health. I really miss working with kids, but if I go to general practice I will be lucky enough to work with different age groups as well. There are so many choices. I enjoy medicine because of the interaction with patients. I keep a journal of little stories of patients so that I can go back and learn from them. You can learn a lot from patients and I think as a future doctor it is important for me to remember that and to pass it on.

I feel so lucky to be where I am.

“SUCCESS IS
REALLY UP TO YOU.
IT'S UP TO YOU
HOW HARD YOU
WANT TO WORK.
JUST PUT YOUR
HEAD DOWN AND
GO FOR IT.”



MR BJ (BEIMOP) TAPIM

MEDICAL STUDENT,
UNIVERSITY OF NEWCASTLE

• MR BJ (BEIMOP) TAPIM

Although born in Sydney, I grew up on Murray Island (Mer) in the Torres Straits from the age of 9. After finishing primary school on Mer, I was sent to boarding school in Charters Towers for high school.

With my parents as role models, it only seemed natural that I too would also pursue a career in the Royal Australian Navy. Having joined the Navy in 1995 as a recruit medic, I slowly worked my way to becoming a Phase Four Medic, which is the highest attainable medical qualification for non-doctors within the Australian Defence Force. By then, eight years had passed very quickly and I was looking for a change.

With the encouragement of friends, and the support of my navy divisional system, I decided to start a new chapter in life and go back to school to study medicine. For my first year and a half I lived off Centrelink payments, but later re-enlisted into the Navy as an undergraduate medical officer.

After completing a pre-medicine program and being accepted into the University of New South Wales in 2004, I decided to head north to study at the University of Newcastle. I had heard that its course was well structured, that it boasted the most Indigenous medical graduates at the time, and had a great support system.

To get through the workload, you need to identify your own best way

of learning, and to identify your weaknesses. Reading is my nemesis. I had read three, maybe four novels cover to cover in my life. I was well aware of the challenge ahead, so I needed to create new ways for absorbing and understanding information. It worked for a while and things were becoming too good to be true until my third year of medicine. No-one warned me of 'complacency'. Things got tough. I bought a house, became a father again, and bang! I failed a subject. That was not because the work was difficult, but more because of the volume of work – hence my big emphasis on the importance of time management. It was a very humbling experience.

I encourage new medical students to learn from the experiences of other students and to seek advice from them about how they have worked their way through their medical degree. Basically, it's about getting ideas on the best way to study, and how to choose your rotations.

Like me, you will need to consider some big decisions. My concerns were: 'Will I have enough money?' I was leaving a full-time job with good pay, to earning practically nothing; I was concerned that 'maybe I was too old' to start medicine; and last, but not least, 'how was I going to get through this degree with my level of education?' My tip to you is pick up the phone and ask questions of the university, they are very helpful and are keen to help.

Life as a medical student can get isolating at times. By this I mean, although I have family and friends around, I find I need to isolate myself in order to stay focused. To help maintain my sense of identity, I help out with my cousin's business by performing traditional Torres Strait dancing in Newcastle. I also have interests in retrieval of the Meriam language, as well as a few other family projects. Although time is often stolen away by the demands of study, it is important not to lose touch with the other things that are important in your life.

The most influential people, who got me to where I am today are my close friends and family. Without them, I'd be a tree with no roots. They have always fuelled me up and given me the confidence to achieve something in life. A good mate told me, "don't die wondering."

At this stage, I am unsure where medicine will take me. I do know for sure though that I have to serve time in the Navy for a few years after graduation. Eventually I'll get out and hopefully work in Indigenous Medicine.

I would also like to do something associated with health and improving both education and sporting outcomes for Indigenous children and young adults, because my other passion is sport. I've always been told the doors of opportunity open upon completion of degrees, so I'll have to wait and see.

"TIME MANAGEMENT IS ESSENTIAL, AS IS KEEPING BODY AND MIND HOLISTICALLY HEALTHY. BY THIS I MEAN STAYING SPIRITUALLY, MENTALLY, PHYSICALLY AND CULTURALLY BALANCED AND EMBRACING THE SUPPORT AND ENCOURAGEMENT OF FAMILY."



MR SHANNON PRICE

MEDICAL STUDENT, MONASH UNIVERSITY,
MELBOURNE

• MR SHANNON PRICE

“THERE ARE SO MANY PEOPLE OUT THERE - STUDENTS, STAFF, AND COMMUNITY THAT WANT TO SEE US SUCCEED, AS LONG AS YOU ARE PREPARED TO PUT IN SOME HARD WORK YOU CAN GET THROUGH AND YOU CAN MAKE A REAL DIFFERENCE.”

I am from Kamilaroi mob in northern New South Wales. My Aboriginal heritage is through my father's side and through my grandparents.

I was born and grew up in Tamworth and moved to Melbourne to complete my medical degree at Monash University. It is a five-year degree.

As a kid, when people asked me what I wanted to do, I always said I would be a doctor. I didn't ever really consider it as a possibility though until I was in Year 11. It was then, when exploring university options, I began to realise that it was possible.

My family was really happy. My mum was pleased and my grandparents are really proud. My brother is also applying to do medicine next year. We don't have any family history of working in medicine, so everyone is really excited about it.

As an 18 year old, going from the country to the city was eye-opening and a whole new experience – it was a whole new life.

There was a lot of anxiety at first. I didn't know what I was doing and I wasn't sure if I would be happy, but I was soon doing well. The residential accommodation at Monash made

all the difference for me. There are people from everywhere living in university accommodation and I have made a lot of friends.

Medicine is definitely not a degree where you get days off. It's challenging. The first two years of the degree are considered foundation years – or basic years where learning is very structured. There were lectures and tutorials all day and you spend so much time – years in fact - with the same people every day of the week. There were a lot of people in the same position and so a lot of people experiencing the same as I was.

I was resentful about the workload a bit at first; because I thought university life – compared to high school – meant there was some freedom. It was tough being disciplined and it is important to make good use of the resources that the university provides.

Second year exposed me to anatomy and physiology. I loved learning. While it was theoretically based, it was problem-based learning and we had a focus on patients. It is learning that is clinically relevant.

Third year means working full-time in a hospital as a medical student – all the while still doing exams and

training every couple of weeks. It requires a lot of discipline and you have to be motivated to want to learn from every experience.

It is a weird transition going from the classroom setting to a hospital. As a third year medical student you are required to learn in a clinical setting and my typical day means I get up at 5.30am and travel to work to start at 8am. Students usually start in small tutorial groups with a problem based learning case. I might go off to surgery, where sometimes we are able to scrub-in, and later in the day we have a lecture. In the late afternoon I might be working in outpatients, all the time observing and assisting doctors.

I find some of the things I am involved in are challenging and there is self-doubt when you feel that you are not up to standard. But you have to remember you are only a student, and there is so much to learn.

I spent some of my training in a big private hospital, where I found myself in the general medical and surgical units. Another student and I were the only Kooris in the whole hospital – and that is with taking into account medical staff and patients. It's those things that remind me about how far we (Aboriginal people) have to go

in terms of being part of the health system.

I have also spent time in a public hospital doing psychiatry, obstetrics, gynaecology and general practice. You really have to be prepared to work hard and do everything during these clinical practice years. Once you graduate you are an intern. After the fifth year you do a one-year internship and then you are a qualified doctor.

In the beginning I thought I would be going back to the bush. I know that at home, in Kamilaroi country, we need more doctors, but there are also not enough doctors in Melbourne. I love Melbourne and am comfortable here. I am thinking about another ten years of training and so I would most likely be doing that in Melbourne, but I have no set plans.

My best advice for those people about to start medical school, or in their first year, is to set yourself up early with people who can help you. If you need to move to study, consider living on campus, where you can focus on study and be with like-minded people. Find out about the Aboriginal Student Support Unit at your university and join the Australian Indigenous Doctors' Association.

Fellow –

In medical training, a Fellow refers to someone who has completed the additional specialist (after completing their undergraduate medical degree) medical training requirements of a particular medical college. The training undertaken to achieve Fellowship is intended to further deepen expertise in a particular area, including the necessary skills and methods to be called a specialist. Specialists or Fellows can belong to number of medical colleges such as the Royal Australian College of General Practitioners (RACGP) or the Royal Australasian College of Physicians (RACP). Fellows of the RACGP are called General Practitioners or GPs.

Undergraduate Course –

Undergraduate means no previous (relevant) qualification and is the course you can enter straight from high school or without any other previous bachelor degree or qualification.

Postgraduate Course or Graduate Entry –

Postgraduate means you already have a previous tertiary (university) qualification. To enter a graduate entry course (postgraduate course) you have to have a previous bachelor degree. Most universities don't have a preference of what discipline the previous degree is in, only that it is completed and they will generally check your academic record (transcript) as well.

UMAT –

Stands for the "Undergraduate Medicine and Health Sciences Admission Test". This is the test most people need to sit if they want to enter medicine straight out of high school or when they apply for an undergraduate medicine course. The test is developed by the Australian Council for Educational Research (ACER) on behalf of the UMAT Consortium universities. The test is used specifically to assist with the selection of students into the medicine, dentistry and health science degree programs at undergraduate level.

GAMSAT –

Stands for the "Graduate Australian Medical School Admission Test" –

The GAMSAT is available to any student who has completed a Bachelor degree or who will be in the penultimate or final year of study for a Bachelor degree at the time of sitting the test.

GAMSAT is designed to assess the capacity to undertake high level intellectual studies in a demanding course. The test is offered once a year only and is usually held around March.

The GAMSAT developers state that it "evaluates the nature and extent of abilities and skills gained through prior experience and learning, including the mastery and use of concepts in basic science as well as the acquisition of more general skills in problem solving, critical thinking and writing".

If your first degree is in a non-scientific field of study you can still sit GAMSAT and succeed in an application for admission to one of the graduate-entry programs. A science degree is not a prerequisite. The GAMSAT developers also state "it must be stressed that success in GAMSAT is unlikely without knowledge and ability in the biological and physical sciences, however this is acquired". (http://gamsat.acer.edu.au/index.php?option=com_content&task=view&id=5&Itemid=2 accessed 18 June 2007).

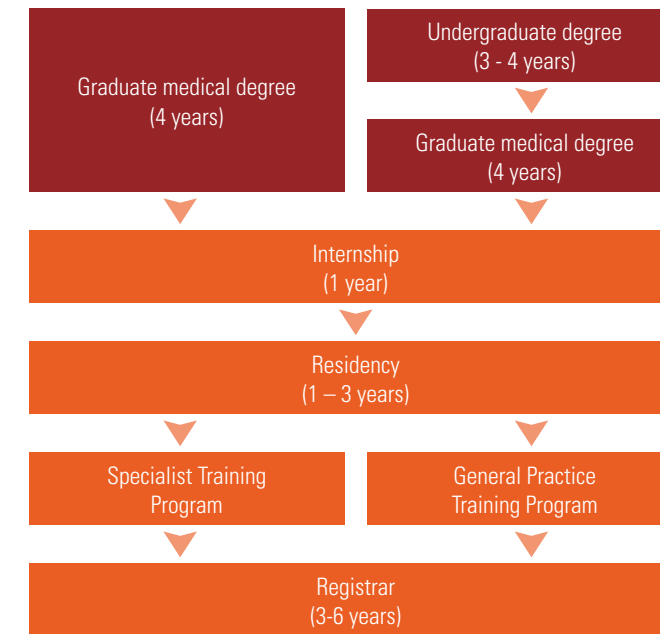
GAMSAT results show a score for each of the three test sections and an Overall Score. ANU, Deakin, Flinders, Griffith, Melbourne, Monash, Notre Dame, Queensland, Sydney and UWA rank applicants using the Overall Score (with required minimum section scores normally around 50). The acceptable GAMSAT scores may be different for each of the universities, and may vary from year to year.

Intern (resident) Junior House Officer or

Junior Medical Officer and Registrar –

Below is a flowchart of the process from university student to specialist:

Typical Pathways to Becoming a Medical Practitioner



Intern Year –

Following the completion of medical school, doctors are required by the bodies responsible for the registration of medical practitioners to complete one year of supervised hospital-based practice, referred to as an **internship**, before they are eligible to receive their full medical registration.

The internship year is broken up into rotations (or terms) of generally 8-10 weeks each. In the majority of Australian states and territories there are compulsory terms (core terms) in medicine, surgery and emergency medicine. These core terms need to be completed by interns to meet the requirements set by the state medical boards for gaining full medical registration. These core terms provide interns with a balanced generalist experience that prepares them well for their future medical careers. (<http://www.ama.com.au/node/2712> accessed June 11, 2009).

Junior House Officer or Junior Medical Officer or Resident –

Following the completion of the intern year, doctors are referred to as Junior House Officers, Junior Medical Officers or Residents. This is usually the period of work or additional training where doctors either decide on an area to undertake further study and specialise in a particular area or choose to stay working as Career Medical Officers – doctors who make a career out of working in hospitals or clinics.

Registrar –

In medical education and training, a registrar refers to someone who is undertaking specialist medical training. See *Fellow* for more information.

